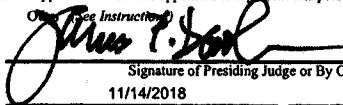


CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT-APPOINTED COUNSEL

1. CIR/DIST/DIV. CODE 0981	2. PERSON REPRESENTED Hoan Thai Tran		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER	5. APPEALS DKT./DEF. NUMBER	6. OTHER INFO. NEEDED MJ18-334	
7. IN CASE/MATTER OF (Case Name) U.S. v. Tran	8. PAYMENT CATEGORY Felony (including pre-trial diversion of alleged felony)	9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE Criminal Case	
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense 21:841A=MD.F,21:841B=MM.F				
12. ATTORNEY'S NAME (First Name, M. I., Last Name, Including any suffix) AND MAILING ADDRESS Robert W Goldsmith - Bar Number: 12265 705 Second Avenue Suite 1300 Seattle, WA 98104 Phone: 206-623-1592 Fax: 206-623-4965		13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR  Signature of Presiding Judge or By Order of the Court 11/14/2018 Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) Robert W Goldsmith - TIN: XX-XXXXXXX 705 Second Avenue, Suite 1300 Seattle, WA 98104 Phone: 206-623-1592 Fax: 206-623-4965				
CLAIM FOR SERVICES AND EXPENSES				
CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS
15. In Court				
a. Arraignment and/or Plea				
b. Bail and Detention Hearings				
c. Motion Hearings				
d. Trial				
e. Sentencing Hearings				
f. Revocation Hearings				
g. Appeals Court				
h. Other (Specify on additional sheets)				
(RATE PER HOUR = \$ 0.00)	TOTALS			
16. Out of Court				
a. Interviews and Conferences				
b. Obtaining and reviewing records				
c. Legal research and brief writing				
d. Travel time				
e. Investigative and other work (Specify on additional sheets)				
(RATE PER HOUR = \$ 0.00)	TOTALS			
17. Travel Expenses (lodging, parking, meals, mileage, etc.)				
18. Other Expenses (other than expert, transcripts, etc)				
GRAND TOTALS (CLAIMED AND ADJUSTED)				
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: 1/1/1901 TO: 1/1/1901		20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION
22. CLAIM STATUS		<input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number 0 <input type="checkbox"/> Supplemental Payment <input type="checkbox"/> Withholding Payment (--) (--)		
Have you previously applied to the court for compensation and/or reimbursement for this case? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, were you paid? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, give details on additional sheets I swear or affirm the truth or correctness of the above statements.				
Signature of Attorney _____		Date _____		
APPROVED FOR PAYMENT - COURT USE ONLY				
23. IN COURT COMP. \$0.00	24. OUT OF COURT COMP. \$0.00	25. TRAVEL EXPENSES \$0.00	26. OTHER EXPENSES \$0.00	27. TOTAL AMT. APPR./CERT. \$0.00
28. SIGNATURE OF THE PRESIDING JUDGE		DATE		28a. JUDGE CODE
29. IN COURT COMP. \$0.00	30. OUT OF THE COURT COMP. \$0.00	31. TRAVEL EXPENSES \$0.00	32. OTHER EXPENSES \$0.00	33 TOTAL AMT. APPROVED \$0.00
34 SIGNATURE OF THE CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount		DATE		34a. JUDGE CODE
				CERTIFIED AMT.